

Application No. 10/606,525  
SD-7139.1

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DEC 22 2004

Application No. 10/606,525  
Applicant: Peterson  
Title: Encapsulants for Protecting MEMS Devices...  
Filing Date: 06/26/2003  
Art Unit 2811  
Examiner HU, SHOUZIANG  
Docket No.: SD-7139.1

FC  
Only

Commissioner for Patents  
United States Patent and Trademark Office  
Mail Stop Amendment  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

December 22, 2004

### Amendment

Dear Examiner Hu:

In response to the First Office Action of 09/17/2004, please amend the above-identified application and reconsider the patentability of the invention in light of the arguments and amendments presented herein. Applicant submits the following in complete response thereto.

01/11/2005 AJOHNS01 00000005 10606525  
01 FC:1251 120 00 00

The Office is authorized to charge Deposit Account # 19-0131 for \$120 a 1-month extension of time to file a response.

- 1 -

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10 606 525

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	
TOTAL CLAIMS	47		
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	47 minus 20 = *	27	
INDEPENDENT CLAIMS	47 minus 3 = *	1	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>			

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

12-22-04

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*	17	Minus	** 47 =
	Independent	*	1	Minus	*** 47 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)		(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
	Total	*		Minus	** =
	Independent	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	486
X42=		OR	X84=	84
+140=		OR	+280=	
TOTAL		OR	TOTAL	1320

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	